Licensed Family 90-20:

- (1) The licensee shall develop a daily activity plan that offers activities to support each child's healthy physical, social-emotional, and cognitive-language development.
- (2) The licensee shall ensure that the toys and equipment needed to carry out the activity plan are accessible to children.

Residential Certificate 50-20:

- (1) The certificate holder shall offer daily activities to support each child's healthy physical, social-emotional, and cognitive-language development.
- (2) The certificate holder shall ensure that the toys and equipment necessary to carry out the activities are accessible to children.

Rationale / Explanation

The purpose of this rule is to ensure that providers have a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, pg. 47 Standard 2.001; pgs. 54-58 Standards 2.014–2.026

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997.

Enforcement

The specific activities or kinds of activities a licensee/certificate holder offers to support children's healthy development are to be determined solely by the provider, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider. Licensors may not evaluate the content of the provider's activity plans.

This rule will be considered out of compliance if the licensee/certificate holder does not make the materials needed to carry out the activity plan accessible to children.

Always Level 2C Noncompliance.

Licensed Family 90-20:

- (3) If off-site activities are offered:
 - (a) the licensee shall obtain parental consent for off-site activities in advance;

Residential Certificate 50-20:

- (3) If off-site activities are offered:
 - (a) the certificate holder shall obtain parental consent for off-site activities in advance;

Rationale / Explanation

An off-site activity means any activity in which children leave the provider's premises. This includes walking field trips. The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without written parental permission. CFOC, pgs. 362-363 Standard 8.049

Examples of possible harm when this happens include a child who has a health care need that is not met because their parent didn't know they were being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)

Enforcement

This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If providers have a regularly repeating off-site activity, they may get permission once for all instances of that activity, provided the permission informs the parents of both the day and time when the activity will occur. For example, a provider may get blanket permission to take the children on a neighborhood walk every Tuesday morning at 10 am, or to take the children to swimming lessons every Wednesday afternoon at 4 pm.

Always Level 3D Noncompliance.

Licensed Family 90-20:

- (3) If off-site activities are offered:
 - (b) the licensee shall accompany the children and shall take a copy of each child's admission form as specified in Subsection R430-90-9(2)(a).

Residential Certificate 50-20:

- (3) If off-site activities are offered:
 - (b) the certificate holder shall accompany the children and shall take a copy of each child's admission form as specified in R430-50-9(2)(a).

Rationale / Explanation

Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. CFOC, pgs. 60-61 Standard 2.029; pgs. 359-360 Standard 8.047

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-20:

- (3) If off-site activities are offered:
 - (c) the licensee shall maintain required provider to child ratios and direct supervision during the activity;

Residential Certificate 50-20:

(3) If off-site activities are offered:

(c) the certificate holder shall maintain required provider to child ratios and direct supervision during the activity;

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert caregivers to a missing child. CFOC, pgs. 58-59 Standard 2.028

Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, pgs. 60-61 Standard 2.029

For a full rationale /explanation of the required caregiver to child ratios, see R430-90-11(5) or R430-50-11(4) above.

Enforcement

Refer to Section 11 for enforcement for supervision and ratios.

Licensed Family 90-20, and Residential Certificate 50-20:

- (3) If off-site activities are offered:
 - (d) at least one provider present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification; and

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standard 1.026; pgs. 60-61 Standard 2.029

Enforcement

If a provider indicates they **do not have** someone on all off-site activities with the required first aid and/or CPR certification cite this rule. If the provider indicates they do have these records for the required individuals, but **cannot find them** during an on-site visit, cite R430-90-9(3)(d) or R430-50-9(3)(d) **only** as being out of compliance. If the provider still does not have the required records(s) on the follow-up visit, cite this rule.

The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

Infant CPR certification is not required if the licensee/certificate holder does not care for infants or toddlers.

See Enforcement instructions for R430-90-9(3)(d) or R430-50-9(3)(d) if the provider indicates they have the needed certifications, but cannot find documentation of them during the visit.

Level 1D Noncompliance: for no CPR certification.

Level 3D Noncompliance: for no first aid certification.

Licensed Family 90-20:

- (3) If off-site activities are offered:
 - (e) the licensee shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-90-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable wet wipes and hand sanitizer.

Residential Certificate 50-20:

- (3) If off-site activities are offered:
 - (e) the certificate holder shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-50-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable wet wipes and hand sanitizer.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

For more information on handwashing, see R430-90-16(1) and (2) or R430-50-16(1) and (2) above.

Enforcement

Caregivers may use hand sanitizer after wiping children's noses.

If a caregiver does not wash his/her hands before administering medication, cite R430-90-17(6)(a) or R430-50-17(6)(a), not this rule.

If a caregiver does not wash his/her hands after a diaper change, cite R430-90-23(5) or R430-50-23(5), not this rule.

Level 2D Noncompliance: If handwashing does not take place after a caregiver or child uses the toilet.

Level 3D Noncompliance otherwise.

<u>Licensed Family 90-20, and Residential Certificate 50-20:</u>

(4) If off-site swimming activities are offered, providers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the provider to child ratio.

Rationale / Explanation

Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less, and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. CFOC, pgs. 112-114 Standards 3.045, 3.046

Enforcement

Always Level 1D Noncompliance.